METROPOLITAN MEDICAL RESPONSE SYSTEM OVERVIEW

(August 1, 2005)

- The MMRS Program was created in 1996, in response to the Tokyo mass transit Sarin gas attack by Aum Shinrikyo and the domestic terrorist bombing of the Alfred P. Murrah Building in Oklahoma City, both having occurred in 1995.

- The Metropolitan Medical Response System (MMRS) program assists highly populated jurisdictions (124 through FY 2003) to develop plans, conduct training and exercises, and acquire pharmaceuticals and personal protective equipment, to achieve the enhanced capability necessary to respond to a mass casualty event caused by a WMD terrorist act. This assistance supports the jurisdictions' activities to increase their response capabilities during the first hours crucial to lifesaving and population protection, with their own resources, until significant external assistance can arrive.

- Gaining these capabilities also increases the preparedness of the jurisdictions for a mass casualty event caused by an incident involving hazardous materials, an epidemic disease outbreak, or a natural disaster.

- This systematic approach stipulated by MMRS guidance requires linkages among first responders, medical treatment resources, public health, emergency management, volunteer organizations, the private sector, and other local elements, to work together to develop the capability to reduce the mortality and morbidity which would result from horrific terrorist acts. It also requires planning integration with neighboring jurisdictions and State and Federal agencies, and emphasizes enhanced mutual aid.

- MMRS jurisdictions have already implemented many of the key components of the Department of Homeland Security's National Incident Management System.

- The MMRS program was transferred to the Department of Homeland Security, Emergency Preparedness and Response Directorate/Federal Emergency Management Agency, from the Department of Health and Human Services, on March 1, 2003. It then transferred within DHS to the Office of State and Local Government Coordination and Preparedness (SLGCP) on October 3, 2004, in keeping with Secretary Ridge's initiative to establish "one-stop-shopping" for State and local grants.

- The MMRS program was funded at $50M for FY03 and FY 04, and received $30M in FY05.

- The FY 2005 Homeland Security Grants included MMRS as one of six program elements. Each of the 124 MMRS jurisdictions was awarded $227,592. The FY05 MMRS program supports the MMRS jurisdictions in:

  - Ensuring that their strategic goals, objectives, operational capabilities, and resource requirements are adequately incorporated in State and UASI Homeland Security Assessment and Strategy documents;
  - Revising their operational plans to reflect State and Urban Area Homeland Security Assessments and Strategies;
  - Achieving preparedness in the eight Capability Focus Areas, which should also be coordinated with HSPD-8/National Preparedness efforts:

    1. Radiological medical and health effects preparedness to manage exposed and contaminated victims, population protection, and environmental health impacts of a radiological release/nuclear detonation by terrorists.

    2. Ensure operational viability of mass care shelters and medical treatment facilities.

    3. Emergency Alerting System/Emergency Public Information.

    4. NIMS Compliance.

    5. Quarantine and Isolation Preparedness.

    6. GIS. Jurisdictions should explore the types of GIS data available through the Federal Geospatial-One-Stop portal, located at http://www.geo-one-stop.gov/, and apply any of the available GIS tools deemed appropriate to support MMRS risk assessment, planning, training, exercising, and operations.

    7. Updated MMRS Steering Committee.

    8. Pharmaceutical Cache Management and Status Reporting; and,

  - Ensuring the maintenance of MMRS capabilities established through the completion of baseline deliverables and other previous activities supported by federal funding.

- In FY04 the jurisdictional funding mechanism was changed from contracting to grants. The grants were announced September 30, 2004, and provided $46 million in 110 grants to reach 114 MMRS jurisdictions throughout the United States. MMRS FY04 grants were awarded in three categories:

  - Capability Focus Areas ($250,000/jurisdiction). Prepares localities to respond to new threats posed by WMD events such as the detonation of a dirty bomb. All MMRS jurisdictions are eligible to receive Capability Focus Grants if they applied for them.

- Sustainment (additional $150,000/jurisdiction). Covers the planning, training and equipment needed to maintain a locality's capability to respond to the human health needs of community members impacted by a mass casualty incident. MMRS jurisdictions that completed the program's baseline capabilities are eligible to receive Sustainment Grants, if they applied for them.

- Special Project Awards (funding amounts from $25,000 - $640,000). Recognizes jurisdictions that develop innovative solutions to local problems and publicize their applicability to localities across the nation.

- Detailed information regarding the grant awards is provided at http://mmrs.fema.gov/Main/Events/fy2004awards.aspx .

- In prior years, MMRS funding was provided via a contract with the local jurisdiction. Jurisdictions entered the program in various fiscal year groups (refer to MMRS map): 27 in FYs 96-97; 20 in FY99; 25 each in FYs 00, 01, and 02, and 4 in FY03 (including Atlanta's upgrade from a MMST to a MMRS).

- The MMRS contracts contain statements of work which require specified deliverables and deliverable time-lines. These initial MMRS contracts have provided $600,000 to the jurisdiction, with payments based on the approved completion of groups of deliverables. Key deliverables in the contract for enhanced capabilities for system development include:

  - Establishment of a broad-based Steering Committee, with members from all jurisdictional elements relevant to MMRS development
  - MMRS Development Plan
  - Primary MMRS Plan
  - Component plans, including managing the medical and public health consequences of a WMD event (chemical, biological, radiological, explosive device)
  - Component plan for local hospital and healthcare system
  - Plan component for the forward movement of patients
  - Mass fatality management
  - Training Plan
  - Pharmaceutical and Equipment Plan
  - List of pharmaceutical and equipment acquisitions
  - Final Report including a statement that the MMRS is operational

- MMRS capacity requirements include:

  - Pharmaceuticals sufficient to provide care for at least 1,000 victims of a chemical incident and for 10,000 victims for the first 48 hours of response to a biological event

  - Biological agent response, determined by the specific agent (Anthrax, Botulism, Hemorrhagic Fever, Plague, Smallpox, and Tularemia) for up to 100 victims, from 100 to 10,000 victims, and more than 10,000 victims

- The local hospital and healthcare system plan must ensure surge capacity to accommodate 500 critically ill patients

- In FY03 the first funding for sustainment was provided via a Program Support contract, which made available $280,000 for capability maintenance and optional operational area expansion. Jurisdictions are eligible for sustainment funding only upon completion of their baseline enhanced capability development.

- To date 109 MMRS jurisdictions have completed their baseline capability enhancement and an additional 4 are nearly completed.

- Following the release of the National Preparedness Goal document on March 31, 2005, and the associated Target Capabilities List, MMRS program guidance and jurisdictional capabilities were assessed to be directly related to and supportive of:

  - Five of the seven National Priorities –

    - Expanded Regional Collaboration
    - Strengthen Information Sharing and Collaboration Capabilities
    - Strengthen Interoperable Communications Capabilities
    - Strengthen CBRNE Detection, Response, and Decontamination Capabilities
    - Strengthen Medical Surge and Mass Prophylaxis Capabilities

  - And 15 of the other Target Capabilities.

For additional information, please visit http://mmrs.fema.gov/